



Open Enrollment for Participating Group Employees: May 8 - 26, 2017 Frequently Asked Questions (FAQs)

Please note:

- This document was last updated on March 22, 2017. Please continue to check back for updates.
- Please read the “Important Background Information” document before viewing these FAQs

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Pre-Open Enrollment To-Do's

(1) What should benefit-eligible employees do before Open Enrollment to ensure they are ready?

Participating Group employees should provide their HR Office with any changes to their personal information- home address, phone number and email address. Your Personal Contact Information is used to provide you with important information related to Open Enrollment and for the benefit plans you select for you and your family, this information will be shared with those vendors so that they may provide you with ID Cards and Welcome Kits and outreach to you as appropriate regarding important care management programs and services.

New Features

(2) Why are the Highmark IPA/HMO and Highmark CDH Gold Plans no longer available as of July 1, 2017?

In December 2016, the SEBC approved the contract awards for the medical (health plan) third party administrators (TPAs) to serve the GHIP, effective July 1, 2017: Aetna to administer the

Consumer Directed Health Plan (CDH) and HMO Plan; and Highmark Delaware to administer the First State Basic PPO Plan, Comprehensive PPO Plan, and Special Medicfill Medicare Supplement Plan (available only to Medicare pensioners). The recommendation for contract awards was the culmination of well over seven months of planning, education and discussion. Currently, employees and non-Medicare pensioners have six plans to choose from; however, there are two HMO and two CDH Gold plans with nearly identical plan designs and premiums. Decreasing the plan offerings from two HMO and CDH plans to one CDH and HMO plan allows for an easier decision making process for eligible members and increases administrative efficiency.

(3) What will happen to members currently enrolled in the Highmark IPA/HMO Plan and Highmark CDH Gold Plan, since they are no longer available as of July 1, 2017?

The IPA/HMO Plan and CDH Gold Plan offered through Highmark Delaware will no longer be available effective July 1, 2017; therefore, these plans will not be available for selection during Open Enrollment. Participating Group employees currently enrolled in either plan will be automatically defaulted into the Aetna equivalent plan, if no action is taken during Open Enrollment. Please see Question #6 about the importance of selecting a PCP for the Aetna HMO Plan.

(4) What will happen to employees currently enrolled in the Highmark CDH Gold Plan who have unused HRA funds at the end of the plan year?

If you enroll in the Aetna CDH Gold plan effective July 1, 2017, and you were enrolled in either the Highmark or Aetna CDH Gold Plan through June 30, 2017, any unused HRA funds will rollover to the new plan year.

(5) What will happen if an employee is currently enrolled in the Highmark IPA/HMO or CDH Plan and chooses not to actively participate in Open Enrollment? Will they still be enrolled in a health plan for the plan year that begins on July 1, 2017?

Employees who are enrolled in the Highmark IPA/HMO or CDH Gold Plan in the current plan year and take no action during Open Enrollment will have coverage in the corresponding Aetna HMO or CDH Plan for the plan year that begins July 1, 2017. Their coverage will not be terminated if they take no action during Open Enrollment; however, these employees will lose the opportunity to consider other plans until the next Open Enrollment unless they experience a qualifying event during the plan year. Please see Question #6 about the importance of selecting a PCP for the Aetna HMO Plan.

(6) Do employees need to actively select a Primary Care Provider (PCP) if they are currently a Highmark IPA/HMO member and automatically default into the Aetna HMO plan?

Employees currently enrolled in a Highmark IPA/HMO plan who automatically default into the Aetna HMO plan at the start of Open Enrollment and do not select a PCP during Open Enrollment under the Aetna HMO plan, will have one automatically assigned to them by Aetna (based on location/proximity of the member to the provider's office). This is in part because Highmark and Aetna use different provider codes which systematically does not allow for a transfer of PCP information from one vendor to another.

Employees defaulting or enrolling in the Aetna HMO Plan are encouraged to use Aetna's [DocFind](#) during Open Enrollment to locate a PCP they want and select their chosen provider. To locate a PCP using DocFind, under Provider Category select "Medical Providers" and under Provider Type select "Primary Care Physicians".

After Open Enrollment closes, employees wanting to change their Aetna PCP will need to contact Aetna directly at 1-877-542-3862.

(7) What consumerism resources will be available prior to and during Open Enrollment to help employees make informed decisions?

In early April 2017, SBO will launch a curriculum of online mini-videos (5-15 minutes each) to educate employees and pensioners on What's New for Open Enrollment, the health plans offerings and the Coordination of Benefits policy. In mid to late April, SBO will launch an online, Interactive Open Enrollment Benefits Guide which replaces the standard, static Open Enrollment PDF Booklet. Employees and pensioners will be able to drive the user experience. The Interactive Open Enrollment Benefits Guide will use audio and screen interaction with employees and pensioners to help them learn about available benefits including navigation demos of the SBO website. SBO encourages benefit-eligible employees to use these consumerism resources (i.e., online mini-videos, Interactive Open Enrollment Benefits Guide, etc.) prior to and during Open Enrollment, as a way to assist them in being a wise health care consumer when selecting the benefit plans that best meet their needs and the needs of their family. Be on the lookout for additional details.

(8) How will employees access the online mini-videos?

The videos will be available on the SBO website. Be on the lookout for additional details.

(9) Do employees have to complete the online mini-videos?

All benefit-eligible employees are encouraged to actively participate in Open Enrollment as this is their once a year opportunity to make changes and/or enroll in the benefits available to them. The "What's New" video of the curriculum highlights important changes and additional services available in the plan year ahead (Employees will need to complete the "What's New" video and Evaluation in order for the course to show as finished). The other videos - review of health plans, etc. are not required to finish in order for the curriculum to show as completed. However, it is to the benefit of employees to take and become familiar with the content in the other videos to aid them in their decision making. Be on the lookout for additional details.

Plan Changes And Rates

(10) Are there changes to the 2017 benefit plan design and rates?

On March 6, 2017, the State Employee Benefits Committee (SEBC) voted to make no changes to the rates or plan designs of the health plans available to State of Delaware employees and non-Medicare pensioners for the plan year that begins on July 1, 2017. The SEBC will revisit as

needed, changes to the Group Health Insurance Program (GHIP) health plans and rates based on Governor Carney's Budget Reset.

Enrollment

(11) When is Open Enrollment?

The Open Enrollment period for Participating Group employees is May 8 - 26, 2017.

(12) Do all employees have to complete Open Enrollment this year, regardless of whether they are making any changes?

Benefit-eligible Participating Group employees are encouraged to actively participate in Open Enrollment by reviewing their benefits coverage and taking advantage of this once a year opportunity to make benefit changes and/or elections.

The IPA/HMO Plan and CDH Gold Plan offered through Highmark Delaware will no longer be available effective July 1, 2017; therefore, these will not be available for selection during Open Enrollment. Participating Group employees currently enrolled in either plan will be automatically defaulted into the Aetna equivalent plan, if no action is taken during Open Enrollment.

State medical (health) and dental plan enrollment for the current plan year will continue or carry over into the new plan year which begins on July 1, 2017 if the employee does not make a change to their elections. Employees currently enrolled in the Highmark IPA/HMO and Highmark CDH plans (which will be discontinued after June 30, 2017) who do not make changes will be defaulted into the same plan type and tier offered by Aetna.

Events

(13) Is the State of Delaware offering Open Enrollment Employee Education Sessions and Health Fairs again this year?

Yes, details on the dates, times and locations of these events can be found at de.gov/statewidebenefits (Select the "Open Enrollment" button).

(14) What are the Statewide Benefit Open Enrollment Employee Education Sessions and Health Fairs?

Employee Education Sessions provide employees an opportunity to engage, ask questions and learn about: What's changing in the health plan offerings on July 1, 2017; and how to engage in this Open Enrollment and take advantage of new and exciting consumerism tools. Representatives from the various benefit vendors will be available 30 minutes before and after the event for employees to visit their information tables to ask questions and pick up materials/giveaways. Register online at de.gov/statewidebenefits (Select the "Open Enrollment" button) to attend one of the sessions.

The Statewide Benefit Health Fairs provide an opportunity for employees to explore the benefit vendor booths and learn more about their options. No registration; employees can walk-in.

You are welcome to attend the education sessions and health fairs if you are enrolled or are eligible to enroll in the State of Delaware Group Health Insurance Program (GHIP).

(15) Can my spouse and/or dependents attend the Statewide Benefit Open Enrollment Employee Education Sessions and Health Fairs?

Due to limited seating available, the employee education sessions are not offered to spouses and dependents. Spouses and dependents who are enrolled or eligible to enroll in the GHIP are allowed to attend the health fairs.